PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number						
FY 2009				110129.432		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/749,123				Filed December	er 30, 2003	
For TI	SSUE REACTIVE COMPOUNDS AND CO	MPOSITIONS AND	USES TH	HEREOF		
Art Unit 1618				Examiner Jagadishwar R.	Samala	
	is a request under the provisions of 37 CF	R 1 136(a) to exter	nd the peri		Овлин	
	y in the above identified application.		id tile pii.	ou 101 11111.g _		
	requested extension and fee are as follows below):	(check time perior	d desired a	and enter the app	ropriate	
100	below).	Fee	Small E	ntity Fee		
	One month (37 CFR 1.17(a)(1))	\$130	\$6	65 \$ <u></u>	_	
	Two months (37 CFR 1.17(a)(2))	\$490	\$2	45 \$	_	
×	Three months (37 CFR 1.17(a)(3))	\$1110	\$5	55 \$ <u>555</u>		
	Four months (37 CFR 1.17(a)(4))	\$1730	\$8	65 \$	_	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$11	175 \$	_	
	Applicant claims small entity status. See 37 CFR 1.27.					
Ū /	A check in the amount of the fee is enclosed.					
_ F	Payment by credit card. Form PTO-2038 is attached.					
	he Director has already been authorized to charge fees in this					
X	application to a Deposit Account. The Director is hereby authorized to charge the above fees, or credit any overpayment,					
to Deposit Account Number <u>19-1090</u> .						
WARNING: Information on this form may become public. Credit card information should n included on this form. Provide credit card information and authorization on PTO-2038.						
-	icidded off this forms 1 forms of call and this	Alliation and ass.c.	izadon c	F 10-2000.		
Iam	the applicant/inventor.					
X assignee of record of the entire interest. See 37 CFR 3.71						
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
	☑ attorney or agent of record. Registration No. <u>54,150</u>					
	attorney or agent under 37 CFR 1.34.					
Registration number if acting under 37 CFR 1.34						
	/Hai Han/ March 12, 200					
-	Signature			Date		
	Hai Han, Ph.D.		2	06-622-4900		
	Typed or printed name		Teleph	one Number		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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